



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
(Date Stamp)

13 JUN 28 18:31

DEPT. OF ECOLOGY
FISCAL & BUDGET

For filing with the Department of Ecology or with
County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain:

Increase Irrigation Acreage
See Associated Earth Sciences Inc. Project
Summary Report for Water Right G1-004025CL.

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE \$ 50.00
DATE ACCEPTED 6/28/13 BY DH
CHANGE NO. G1-004025CL
COUNTY Whatcom WRIA 1
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

RECEIVED 7/3/13

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information

APPLICANT/BUSINESS NAME Andy Enfield/Enfield Farms, LLC	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch-Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264
CONTACT (IF DIFFERENT FROM ABOVE) Charles S. Lindsay/Associated Earth Sciences, Inc.	PHONE NO. 425-259-0522	FAX NO. 425-252-3408
ADDRESS 2911 1/2 Hewitt Ave., Suite 2		
CITY Everett	STATE WA	ZIP CODE 98201
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Andy Enfield/Enfield Farms, Inc.	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch-Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-004025CLWRIS	RECORDED NAME(S) Jacob Zylstra
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. See AESI report for water right G1-004025CL.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Wells	EN-1	SE	NW	2	40N	3E	400302196330	BHN665
	EN-2	SE	NW	2	40N	3E	400302196330	BBF114

B. Proposed

SOURCE	NO.	¼	¼	SEC	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Wells	EN-1	SE	NW	2	40N	3E	400302196330	BHN665
	EN-2	SE	NW	2	40N	3E	400302196330	BBF114
	EN-3	SW	SE	35	41N	3E	400335334143	AKF795
	EN-4	SW	SE	35	41N	3E	400335334143	BHE546
Future Irrigation Wells		SW	NW	2	40N	3E		
		NW	NW	2	40N	3E		
			SE	35	41N	3E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. See attached property location map and plat maps. Also see Associated Earth Sciences Inc. Project Summary Report for Water Right G1-004025CL.

Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	250 GPM	80	June 1 through September 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	250 GPM	80	June 1 through September 15

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

S½ of NW1/4 of Sec 2, T40N, R3E

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NW	2	40N	3E	Whatcom	400302066330	20.0
SE	NW	2	40N	3E	Whatcom	400302196330	18.0
SE	NW	2	40N	3E	Whatcom	400302236284	2.0

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: **See attached plat maps. Also see AESI Project Summary Report for Water Right G1-004025CL.**

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

NW1/4 NW1/4 and SE1/4 NW1/4, and SW1/4 NW1/4, Sec 2, T40N, R3E W.M., and NE1/4, Sec 11, T40N, R3E W.M., and the SE1/4, Sec 35, T40N, R3E, W.M. See attached plat maps. Also see Associated Earth Sciences Inc. Project Summary Report for Water Right G1-004025CL.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	2	40N	3E	Whatcom	400302066464	40.0
SW	NW	2	40N	3E	Whatcom	400302066330	37.0
SE	NW	2	40N	3E	Whatcom	400302196330	31.0
SE	NW	2	40N	3E	Whatcom	400302236284	2.0
	SE	35	41N	3E	Whatcom	410335334143	75.5
	SE	35	41N	3E	Whatcom	410335417176	18.5
	SE	35	41N	3E	Whatcom	410335470133	50.5
	SE	35	41N	3E	Whatcom	410335508100	5.5
	NE	11	40N	3E	Whatcom	400311390397	130.0

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME:

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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. See AESI Project Summary Report for Water Right G1-004025CL.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **G1-004221CL and G1-004026CL. See**

Associated Earth Sciences Inc. Project Summary Report for Water Right G1-004025CL

Remarks and Other Relevant Information:

See AESI Project Summary Report for Water Right G1-004025CL.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

5. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Andy Enfield, Vice President Enfield Farms, Inc.

Applicant Printed Name – Title

Applicant Signature

5/29/13

(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Water Right Holder Printed Name

Water Right Holder Signature

5/29/13

(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

5/29/13

(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

5/29/13

(Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____